

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4933

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|---|----------------------|---|--|--|------------------------------|
| DHR | | 1. GEORGIA DEPARTMENT OF HUMAN RESOURCES | | ARCHIVES AND HISTORY | |
| Application Date March 18, 1981 | | State Health Planning & Development Agency 43A Executive Park East, N.E. Atlanta, Georgia 30329 | | Application Number 81-208 | |
| Application Number DHR 81-7 | | | | Date Received MAR 19 1981 | Date Completed APR 1 1981 |
| 2. Person to Contact | | Working Title | | Telephone Number | |
| Mr. Charles C. Haines | | Deputy Director | | 894-2660 | |
| 3. Action Requested | | | | | |
| a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. | | | | | |
| b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. | | | | | |
| c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void | | | | | |
| 4. Dates of Series | | 5. Records Series Title (followed by title used in office, if different) | | | |
| Earliest 1974 | Latest Continuing | (SHPDA) Project Denial Appeals Files | | | |
| 6. Division and Office Function What is the function of the Division and the Office in which this record series is created? | | | | | |
| The State Health Planning and Development Agency has the responsibility for providing planning and technical assistance to managers and planners for meeting the expectations of the Federally-funded comprehensive health planning programs. This is accomplished by: preparing the State Health Plan for determining the health service requirements of Georgia residents; identifying the available resources for health services; developing plans for carrying out activities to provide health service needs; approving or rejecting Certificate of Need applications; reviewing and commenting on applications in accordance with Section 1122 of the Social Security Act; providing staff assistance to the Statewide Health Coordinating Council; approving architectural plans and monitoring construction of health facilities; monitoring uncompensated care provided for poor patients; and implementing Appropriateness Review for assurance that institutional health services are meeting the needs of citizens when measured by established standards. | | | | | |
| 7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. | | | | | |
| Documents relating to: maintaining records of findings following applicant's Request for Appeal when Application is denied. | | | | | |
| Included are: [NOTE: because of the massiveness of an Appeal file, and the lengthiness of an investigation, the following listing (with an explanation of each instrument) represents documents normally included in an APPEAL FILE]. APPLICATION-submitted by an applicant (individual, institution or corporation) which may be: for building new institutions (hospitals, nursing homes, End Stage Renal Disease Clinics, Obstetrical Clinics) to provide health care at a given location in the community; for modernization of an existing facility; for expansion; or for procurement of high-value equipment. Included in the application is the applicant's justification for his proposal, which normally includes substantial statistical data, as well as the applicant's narration describing why such a request should be approved by the State Health Planning and Development Agency. HEALTH SYSTEMS AGENCY'S ANALYSIS and RECOMMENDATION - the HSA, covering that area for which the application is proposed, analyzes the plan and provides the State Agency with written findings and recommendations. DECISION of the STATE HEALTH PLANNING & DEVELOPMENT AGENCY - after making an independent study of the proposal submitted and evaluating the analysis of the Health Systems Agency, this Agency must make a written finding as to the denial or approval of the applicant's request. REQUEST for an APPEAL - the applicant, or any aggrieved party in the community, may submit a request for an appeal to the State Health Planning Review Board. The Chairman of the Review Board makes a finding as to the appropriateness of the appeal and establishes a date for such hearing, if an appeal has been properly made. RECORD OF THE APPEAL includes: (a) a certified copy of the application and all related documents; (b) a certified copy of the Rules and Regulations promulgated by this Agency; (c) a certified document of the agreement between the Secretary of Health & Human Services and this Agency to conduct such reviews and make pertinent findings; and (d) a certified copy of the demographic data used in making the analysis. The file is arranged: alphabetically by county; thereunder, alphabetically by name of facility. | | | | | |
| The Appeal File further includes a verbatim transcript of all testimony provided at the Appeal hearing. This record is accompanied by all exhibits presented by the applicant and the State during the appeal process. LEGAL | | | | | |
| 8. Monthly Reference Rate | | How often are records referred to which are: | | DOCUMENT DESCRIBING FINDINGS OF THE APPEAL BOARD - these findings represent the final determination of the State and are used in the enforcement process of the Certificate of Need Law, unless the appeal is referred to the Courts for further action. | |
| One to six months old _____ | | Seven to twelve months old _____ | | | |
| twenty-five months and older _____ | | referred to frequently during the Appeal process | | | |
| 9. Annual Rate of Accumulation of Records | | | | | |
| Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____ | | | | | |

| YES | NO | 10. Questionnaire (Place an "X" in the proper column) |
|-----|----|--|
| X | | a. Is this the official copy of the series? If not, where is it? |
| | X | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. |
| | X | c. Is this a vital record? |
| X | | d. Does this series have historical or long term research value? legal value - for any questions which may arise |
| | X | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately? |
| | X | f. Is the information contained in this series ever published? If yes, attach copy. |
| | X | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. |
| | X | h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? |
| | X | i. Is this series (or a major portion of it) regularly microfilmed? |
| | X | j. Does the record series result in a computer printout? |

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need | permanently |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

* however, consideration will be given to reducing the retention period at some future time

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Cut off file as follows:

Upon determination by the State Health Planning and Development Agency that all legal questions have been settled, place all papers for a particular Appeal in the Completed Project Denial Appeals File.

Completed Project Denial Appeals File

Cut off file at end of each calendar year; then transfer to State Archives.

These instructions apply to all prior and future accumulations of the series.

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|----------------------------------|---------|--|---------|
| Agency Head/Designee (Signature) | Date | Records Management Officer (Signature) | Date |
| Charles C. James | 3/13/81 | Elizabeth W. Crank | 3/12/81 |
| | | Elizabeth W. Crank, CRM | |
| | | State Records Committee (Signature) | Date |
| State Auditor/Designee | | | 4-1-81 |
| Secretary of State/Designee | | Carroll Hart | 3-30-81 |
| Attorney General/Designee | | MS Shell | 4-1-81 |

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)